

May 4, 2010

HEALTH PROVIDER ADVISORY

Laboratory-Confirmed Cases of Pertussis in San Luis Obispo County:

The San Luis Obispo County Public Health Department Laboratory has recently confirmed several cases of pertussis in the county. This advisory follows a new release on April 22, 2010 from the California Department of Public Health (CDPH) reporting a recent statewide rise in illness due to pertussis. The CDPH reports almost twice as many pertussis cases have been reported in California in the first quarter of 2010 compared with the same time period last year. Pertussis is highly contagious and unimmunized or incompletely immunized young infants are particularly vulnerable. Illness in this age group frequently leads to hospitalization and can be fatal.

The San Luis Obispo County Public Health Department asks providers to encourage their patients of all age groups to get vaccinated against this disease as a means to protect the most vulnerable. ***A single dose of Tdap (Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis) vaccine is recommended in persons aged 11--64 years.***

If you suspect a patient has pertussis, collect a NP swab from both nares, and place in sterile saline for transport to the SLO County Public Health Lab for PCR testing. Consider providing prophylaxis to any contacts if you have a strong suspicion that a patient has pertussis. Contact the SLO Public Health Department in the case of a suspected outbreak, and report any confirmed or probable cases.

Additional information on incubation, case definition, treatment, and much more is available at the CDPH pertussis webpage:

<http://www.cdph.ca.gov/HealthInfo/discond/Pages/Pertussis.aspx> and in the pertussis fact sheet: <http://www.cdph.ca.gov/HealthInfo/discond/Documents/Pertussisquicksheet.pdf>.

Guidance for Assisting Relief Workers and Others Traveling to Haiti:

The San Luis Obispo County Public Health Department is advising local health care providers of an increased risk of insect-borne and infectious diseases for patients traveling to or returning from Haiti, such as relief workers for earthquake response.

The Centers for Disease Control and Prevention (CDC) has received reports of malaria, dengue fever and tuberculosis (TB) among relief workers returning from Haiti, where the diseases are endemic. Please visit the CDC website for the complete guidance:

<http://wwwnc.cdc.gov/travel/content/news-announcements/healthcare-providers-haiti-earthquake-response.aspx>

- There is a confirmed case of malaria in the county for a health care worker who recently returned from the relief response in Haiti. Malaria is always a serious disease and can be fatal. Remind patients that if they become ill with a fever or flu-like illness either while in Haiti or after they return home, they should seek immediate medical attention and should

tell physicians that they have recently been in Haiti. Most cases will present in the first month, but some cases, especially in persons with partial immunity, may present later.

- The spectrum of dengue illness can range from a mild, non-specific febrile syndrome to classic dengue fever, to the severe forms of the disease, dengue hemorrhagic fever and dengue shock syndrome. Signs and symptoms of dengue fever are high fever, chills, headache and muscle pain. Additionally, a faint rash on the trunk and upper arms may appear on the second to third day of illness. No vaccine or medications are available to prevent or treat dengue. Treatment is supportive with fever-reducing medicines and fluids. The CDC encourages health care providers to submit samples to state health departments or the CDC for proper laboratory testing. Clinical guidance for dengue is available at: <http://www.cdc.gov/dengue/clinicalLab/clinical.html>.
- Rates of TB are very high in Haiti, and multidrug-resistant TB and TB/HIV co-infection are also public health concerns in Haiti. If your patient anticipates giving medical care to or working closely with ill or injured victims or other displaced persons in Haiti, a tuberculin skin test or TST (ideally, a two-step test) is recommended before travel and then 8–10 weeks after return. Regardless of tuberculin skin test results, any person who develops symptoms of TB during or after deployment should seek a medical evaluation immediately. A personal respiratory protective device (e.g., N-95 respirator) should always be worn when in contact with any person suspected of having or known to have TB.